

Docket No.: STK-P06-504  
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Rueger et al.

Confirmation No. 2132

Application No.: 08/937,756

Group Art Unit: 1649

Filed: September 25, 1997

Examiner: Wang, Chang Yu

For: MORPHOGEN-INDUCED NERVE  
REGENERATION AND REPAIR

**CHANGE OF ATTORNEY DOCKET NUMBER**

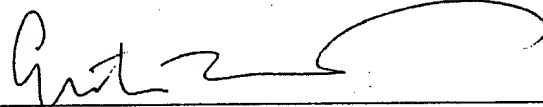
Commissioner for Patents  
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Dear Sir:

Please note that the Attorney Docket Number has been changed from JJJ-P06-504 to STK-P06-504. **Please reference STK-P06-504 on all future correspondence.**

Applicants believe no fee is due with this paper. However, if a fee is due, applicants authorize the Director to charge any fees required to our Deposit Account No. 06-1075, under Order No. (003443.0059.106).

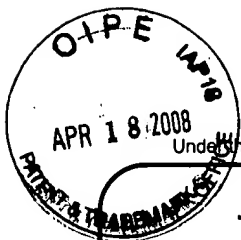
Respectfully submitted,



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April 18, 2008

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

08/937,756

Filing Date

September 25, 1997

First Named Inventor

David C. Rueger

Art Unit

1649

Examiner Name

Wang, Chang Yu

Attorney Docket Number

STK-P06-504

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment and Response	<input type="checkbox"/> Petition (4-month extension) (in duplicate)	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Change of Attorney Docket Number
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Change of Correspondence Address
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	Return Receipt Postcard
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Ropes & Gray LLP		
Signature			
Printed name	Ryan D. Murphey		
Date	April 18, 2008	Reg. No.	61,156

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